MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. / 10/588, 155 ABBU LICANTUS FILING DATE

CLAIMS

	AS FILED		AFTER 1" AMENDMENT		AFTER 2 ^{ad} AMENDMENT			AS FILED		AFTER 1" AMENDMENT		AF 2 ^{sol} AME	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	
							51 52	-				-	-
ㅓ		2					53				 		
_		2					54		-			-	•
		2					55						•
							56						
		2					57						
		3			-		58		ļ				-
		7					59						-
		3					60 61						,
-		2					62						
		1					63						•
		2				·	64						
		2					65						
_	/						66					ļ	-
4		2	<u> </u>				67					<u> </u>	-
\dashv		7					68 69					╂──	•
-		2				-	70					-	
		9					71						٠
		7					72						
		7					73						
							74		ļ				_
_		2					75.		ļ				-
_							76 77						-
┪		·					78						•
							79						•
							80						
							81						_
							82						-
							83 84		-			ļ	-
-							85						-
			,				86						-
							87						•
							88						
							89						-
4							90		 		-	 	-
\dashv	<u> </u>						91 92				 	}	-
4							93		 			ł	-
7						-	94					1	
1							95						•
							96						_
4							97		ļ		 		_
4							98				 		-
4							99 100				<u> </u>		
	3	1		•		-	TOTAL IND.		₽		-		
	42	•		•		•	TOTAL DEP.		•		4		-
L	1/		-				TOTAL						-
s I	90						CLAIMS						